Eating Disorders in Pregnancy and Breastfeeding: Why ‘Eating Healthy’ Isn’t Always Easy

At some point, most of us have been told to “eat healthy.” Sounds simple enough, right? But what that means can look different from person to person. For some, it’s about cutting back on junk food and adding more fruits, vegetables, and whole grains. For others, it might mean watching sodium intake, choosing foods that support heart health, or managing cholesterol levels.

No matter your health history, eating well is something we’re all encouraged to do, especially during pregnancy and while breastfeeding, when your body is supporting both you and your baby.

But if you’re living with an eating disorder, pregnancy or breastfeeding can add extra layers of complexity. It’s not just about ***what*** to eat anymore: questions about ***how much*** to eat, ***how often*** to eat, and how to manage hunger cues or body changes can feel overwhelming. These challenges are real, and they deserve thoughtful, compassionate support.

A few years ago, I received a call from a woman named “Alice.” She called MotherToBaby because she was taking medication for high blood pressure and wanted to know if it would affect her pregnancy. After some discussion, she told me her blood pressure was high because she was quickly gaining a lot of weight from binge eating. She said she had been binge eating for a long time and did not know how to stop. She was worried about how this would affect not only her health, but also that of her baby. When I asked what her healthcare provider suggested, she told me she was afraid to talk to her midwife about it.

What is an eating disorder?

An eating disorder is a mental health disorder that results in serious disturbances of eating behavior. There are several different eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder, and pica. Each disorder has its own symptoms and effects. In the United States, 9% (28 million) of people will have an eating disorder in their lifetime.

- Anorexia nervosa –severely restricting the amount of food eaten, resulting in very low body weight.
- Bulimia nervosa – binge eating (eating large amounts of food in a short time and feeling loss of control overeating) and then purging (vomiting, not eating, over-exercising, misusing laxatives or diuretics).
- Binge-eating disorder- binge eating without purging.
- Pica – a craving for and eating of substances without any nutritional value (such as ice, clay, paper, or dirt) for at least one month. The number of women affected by pica is unknown, but it is much more common in pregnant women than in non-pregnant women; it is also more common in developing countries than in the US.

Eating disorders can be hard to spot under any circumstances, and that can be even more true during pregnancy and after a baby is born. So much focus is placed on weight changes, appetite shifts, and body changes during this time that warning signs can easily be overlooked or explained away as “just part of pregnancy.” Also, not all healthcare providers receive specialized training in recognizing eating disorders, especially in pregnant or postpartum patients. That means symptoms can sometimes go unnoticed, even during regular prenatal or postpartum visits.

There’s also a lot of stigma surrounding eating disorders. Some women may feel embarrassed, ashamed, or afraid to speak up about their struggles. Others might worry about being judged or not being taken seriously. All of that can make it incredibly difficult to admit that something isn’t okay.

Can eating disorders affect my pregnancy?

A healthy, well-balanced diet during pregnancy is important for a fetus to grow and develop. It can also help to minimize some pregnancy symptoms such as nausea and constipation. Certain eating-disorder behaviors can cause issues during pregnancy and may require hospitalization or other specialized care. For example:

- Not eating and/or calorie restriction can cause low energy and nutritional gaps in the mother and low birth weight for the baby.
- Vomiting can cause dehydration, electrolyte imbalances, sore throat, stomach pain, tooth damage, gum disease, and ruptured esophagus in the mother.
- Using laxatives/diuretics can cause dehydration, electrolyte imbalances, laxative dependency, and organ damage in the mother.
- Over-exercising can lead to fatigue, muscle pain/soreness, dehydration, and overheating in the mother.
- Binge eating can lead to excessive weight gain, gestational diabetes, high blood pressure (and other complications) in the mother, and large birth weight for the baby.
- Eating non-food substances (pica) can interfere with nutrient absorption and may contain dangerous substances that could be harmful to mom or baby. See our fact sheets on toxoplasmosis and lead.
- Mental health issues, such as depression or anxiety, go hand in hand with eating disorders. Learn more about how mental health disorders can affect pregnancy and breastfeeding.

What about breastfeeding?

Getting sufficient “high quality” calories is important for everyone. During breastfeeding, the body needs energy to make enough milk, and not getting enough calories can make it harder to do. For pica, non-food items may contain something potentially harmful to the baby, such as lead.

Studies have suggested that women with eating disorders might be more likely to stop breastfeeding within the first 6 months. However, it is possible to successfully breastfeed with an eating disorder, even if they are taking medications. The key is finding support, which you can get from healthcare providers (doctors, nurses, lactation consultants), family, friends, and support groups (online, over-the-phone, and in person).

Help is Available

If you have been diagnosed with an eating disorder, or think you may have one, talk with your healthcare provider. You are not alone. There are resources available to help you and your baby be as healthy as you can be.

Talk to your healthcare provider to discuss how many calories per day are right for you. There are many resources available to help educate people about good food choices, such as the Americal College of Obstetrics and Gynecology’s Frequently Asked Questions on healthy eating during pregnancy. The National Institutes of Health has information on which foods/drinks to limit/avoid, the appropriate amount of weight to gain, and the recommended amount of exercise.

And finally…

So, what happened to Alice? She called several times throughout her pregnancy and while breastfeeding. After our first conversation, she told her midwife everything. Alice did develop gestational diabetes, but under the care of her midwife, nutritionist and counselor, she was able to stop gaining weight and get her blood sugar and blood pressure under control. She gave birth to a healthy baby and continued to work with her team during breastfeeding. She thanked me for suggesting she ask for help and said she was closer to finding something we all are looking for – balance.

Originally authored by Chris Stallman Aug. 2, 2018, edited by Bridget Maloney, Certified Genetic Counselor at MotherToBaby Arizona, on February 17, 2026.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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By Lori Wolfe, CGC, MotherToBaby North Texas

Nicole called me in tears. She had been trying to become pregnant for the past nine months and was not having any luck. She asked if it could be due to being overweight. As I talked with Nicole, I found out she is about 100 pounds over a healthy weight for her height. As a MotherToBaby specialist, I often talk with women who are trying to become pregnant. It just so happened this question came along as I was reviewing tips for January’s Birth Defects Prevention Month. Tip #4 is: **Before you get pregnant, try to reach a healthy weight.**

I explained to Nicole that studies have shown that women who are overweight can have a number of different problems trying to become pregnant, but she shouldn’t worry. Many of the problems outlined below can be reversed when healthy eating and exercise are incorporated into her routine. Some of the issues which can result from being overweight while trying to conceive include:

- An increased chance of having irregular or absent periods, making it difficult to conceive
- Producing too much estrogen, which can also make it harder to get pregnant
- An increased chance of having complications during fertility treatments
- Having polycystic ovary syndrome , a hormonal disorder that is a major contributor to infertility in women of child bearing age

Once they get pregnant, women who are overweight or obese are at a higher risk for the following complications during pregnancy:

- Miscarriage
- Heart disease
- Increased chance for a birth defect in the baby
- Gestational diabetes
- High blood pressure and preeclampsia (a dangerous kind of high blood pressure that can happen during or right after pregnancy))
- Cesarean birth

After discussing all of this with Nicole, her next question to me was what can she do to reduce these possible risks? Fortunately, most women with overweight can expect to have a healthy pregnancy. I explained to Nicole that it is best to talk with her doctor and try to lose weight before becoming pregnant. Losing weight once you are pregnant is not advised. Start now to eat a healthy diet and exercise regularly before pregnancy, and keep this up once you become pregnant.

Healthy eating includes folic acid
Another important Birth Defects Prevention Month tip is Tip #1: **Be sure to take 400 micrograms (mcg) of folic acid every day.**

We all need folic acid every day in our bodies to help make new cells. Folic acid is a synthetic form of Vitamin B9, also known as folate. It is very important to take enough folic acid just before and during pregnancy. Many studies have shown that taking 400 mcg of folic acid before and early in pregnancy every day reduces the chance that a baby will have serious birth defects of the spine and brain, called neural tube defects (NTDs). This is even more important in women who are overweight as their body requires more folic acid.

Nicole was relieved to hear that her weight didn't have to be an obstacle and that there were things she could do to increase her chance of becoming pregnant and having a healthy baby. Losing weight, eating healthy foods and daily exercise can increase her chances of becoming pregnant and can decrease her chances of miscarriage, birth defects and other pregnancy problems. She said she will call her health care provider right away to schedule an appointment to talk about everything and was excited that the future looked brighter to one day become a mom!

Lori Wolfe, CGC, is a board certified Genetic Counselor and the Director of MotherToBaby's North Texas affiliate. MotherToBaby aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering women's and health professionals' questions regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free number, text line and by email, Wolfe also teaches at the University of North Texas, provides educational talks regarding pregnancy health in community clinics and high schools.

About MotherToBaby
MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have

questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on Android and iOS markets.

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As it turns out, I'm not crazy nor am I a hypochondriac! After decades – and I mean more than 30 years – of bouts of severe constipation and diarrhea, fatigue, joint pain, migraines, skin rashes and infertility, I finally received the news that I have celiac disease. Oddly enough, it was only after adopting a sickly cocker spaniel named "Peanut" from the Humane Society that the mystery of my symptoms was solved. When our vet suggested that Peanut eat gluten-free food, I bought her some gluten-free pretzels as a treat. After eating some myself, I noticed fewer tummy issues; that feeling of the "kink" in my intestine and the bloating pain didn't happen!

I contacted my physician, whose first response was, "You don't have celiac disease, you would have already known it by this time." She tested me anyway and, when the blood test for **transglutaminase antibodies (tTG-IgA)** was positive, she sent me to a gastroenterologist for an endoscopy (a scope of the intestines), which also indicated celiac disease. It had taken countless trips to countless physicians, but at the age of 55, my health took a turn for the better after starting a diet without gluten.

In my case, it was unfortunate that the diagnosis took so long because for years I struggled to have children. I feel lucky to have gotten pregnant five times and was able to carry two pregnancies to term. My boys are now wonderful adult men and I feel blessed to have them in my life! I'll never know if my undiagnosed celiac disease contributed to

my pregnancy losses or my harder time in getting pregnant, but as an information specialist with the MotherToBaby Utah program and over 20 years' experience talking to mothers and health care providers, here's what I do know from reviewing the published information about celiac disease…

What is Celiac Disease?

Celiac disease is inherited, meaning it runs in families. When people with this auto-immune disease have contact with gluten, it causes inflammation or swelling and can damage the small intestine. Over time, the damage to the intestine causes serious health concerns, including an increased risk of colon cancer and lymphomas (cancer of the lymphatic system, such as Hodgkin's). It is estimated that 1 in 100 people worldwide have celiac disease. Many are never diagnosed.

With celiac disease, food that is eaten is quickly released from the body with little time for nutrients to be absorbed by the body. That's because the finger-like tubes in the small intestine, called villi, are flattened from the swelling.

Celiac Disease and Pregnancy

For women who want to get pregnant or who are pregnant with celiac disease, it can be a nutritional nightmare and may lead to anemia (low iron) and other vitamin deficiencies, lactose intolerance (unable to eat dairy), and osteoporosis (weak and brittle bones). It is rare that people have only one autoimmune problem and, for many people with celiac, thyroid disorders and diabetes go hand-in-hand. A recently published study looking at 24 articles on 'reproductive' issues found women with celiac disease have a harder time getting pregnant, as well as a higher risk for miscarriage, prematurity, babies born small for their age and with low birth weight. With other autoimmune disorders, such as rheumatoid arthritis, multiple sclerosis, and Lupus, we see the same types of negative pregnancy outcomes. More studies are needed to confirm if celiac disease increases any risks.

Hope

The good news is that studies also show that when moms stay on their gluten free diets, the problems almost always go away! So, to my 'Celiac Sisters' there is hope! Here are a few suggestions to have a healthy pregnancy:

- **Avoid gluten, of course!** Not only is gluten in foods, but gluten hides in make-up (be extra careful with lipsticks), hair products, soap and even in sheetrock. Never lick an envelope or a stamp, because there is gluten in glues!
- **Take your Multivitamin Before, During and after Pregnancy.** A multivitamin will help balance nutritional deficiencies from celiac disease. Make sure your vitamin has at least 400mcg of folic acid.
- **Control the Other Maladies that Come with Celiac Disease.** Rarely will someone just have celiac disease. If you have thyroid problems, diabetes or hypertension, it is important to stay on your medications and control these issues before you try to have a baby.

Ultimately, if you control the symptoms from celiac disease, you can be healthy during your pregnancy. It takes some work to avoid gluten, but I promise you will feel better! In retrospect, the veterinarian really saved two lives that day…Peanut is also doing great on a gluten-free diet!

Julia Robertson, CPM, is the program manager for MotherToBaby's Utah affiliate, a program with the Utah Department of Health and University of Utah that aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering questions from women and health providers regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free hotline (866-626-6847) and email counseling service, Julia has authored several peer-reviewed publications focusing on maternal medication consumption and the effect on the developing fetus.

MotherToBaby is a service of the international non-profit Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies, including the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration's (FDA) Office of Women's Health. If you have questions about medications, diseases, vaccines or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or visit www.MotherToBaby.org to browse a library of fact sheets and to find your nearest affiliate.

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